FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 SEC

PROCESSED Processing

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FORM D

THOMSON REUTERS

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

16.00 hours per response . . . SEC USE ONLY Serial Prefix

OMB Approval

DATE RECEIVED

3235-0076 July 31, 2008

OMB Number:

Estimated average burden

Expires:

Name of Offering (☐ check if this is an amendment and name has changed, and indicatechange.) Boulevard Partners, LLC Membership Unit Offering										
			FF D 1 404	F 2 : 4(4)	5 10 05					
Filing Under (Check box(es) that apply):	☐ Rule 504	□ Rule 505	☑ Rule 506	□ Section 4(6)	□ ULOE					
Type of Filing: ☑New Filing	□Amendment	· · · · · · · · · · · · · · · · · · ·								
	A. BAS	IC IDENTIFICATION	DATA							
1. Enter the information requested about t	he issuer									
Name of Issuer (check if this is	an amendment and narr	ne has changed, and indi	cate change.)							
Boulevard Partners, LLC		-								
Address of Executive Offices (Number and S	Street, City, State, Zip Co	ode)		Telephone Number (Includ	ling Area Code)					
6320 Brookside Plaza, Suite 512, Kansas C	City, Missouri 64113			(816) 305-0132						
Address of Principal Business Operations (N	Telephone Number (Including Area Code)									
(if different from Executive Offices)										
(ii diiioii liolii Elicodii o o iiioo)										
Brief Description of Business										
Lending ser vices										
Type of Business Organization			-							
☐ corporation		artnership, already forme	d	☑ other (please specify):	limited hability					
□ business trust	☐ limited pa	artnership, to be formed		company						
Dusiness trust					·					
		Month	Year							
Actual or Estimated Date of Incorporation or	Organization:	6	2008	☑ Actual	☐ Estimated					
Jurisdiction of Incorporation or Organization	· (Enter two-letter ILS I	Postal Service abbreviati	on for State							
Junistiction of incorpolation of Organization	(Lines two-letter O.D.)	ostat set tice accitettati	io. b.u.,							
Cì	CN For Canada; FN for other foreign jurisdiction) MO									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6). 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



		A. BASIC IDENTIF	ICATION DATA		
 Each beneficial owner 	issuer, if the issuer hat having the power to and director of corpo	is been organized within the p vote or dispose, or direct the orate issuers and of corporate pership issuers.	vote or disposition of, 10% o		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if in Sonnenberg, Mark T.	dividual)	•			
Business or Residence Address					
6320 Brookside Plaza, Suite 51 Check Box(es) that Apply:	2, Kansas City, Mis	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if in	dividual)				Managing Partner
Business or Residence Address	Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)		<u>-</u>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)	<u> </u>			
Business or Residence Address	Number and Street,	City, State, Zip Code)			
	(Use blank s	heet, or copy and use addition	nal copies of this sheet, as nec	essary)	

					B. INI	<u>ORMA</u>	TION A	<u>ABOUT</u>	OFFER	<u>RING</u>				
1.	Has the issue	er sold or d	oes the issu	er intend t	o sell, to n	on-accredi	ted investo	rs in this o	ffering?				Yes □	No ☑
			Αп	swer also	in Appendi	x, Column	2, if filing	under UL	OE.					
_							_						A =0 n==	
2.	What is the i	ninimum ir	ivestment t	hat will be	accepted (rom any i	ndividual?						\$50,000	_
3.	Does the off	ering perm	it joint owr	nership of a	single uni	ť?							Yes ☑	No
;	Enter the inf commission offering. If and/or with associated po	or similar r a person to a state or sta ersons of su	emuneration be listed is ates, list the ach a broke	on for solic an associa e name of t r or dealer	itation of p ted person he broker	ourchasers or agent o or dealer.	in connect f a broker If more tha	ion with sa or dealer re an five (5)	les of secu gistered w persons to	rities in the rith the SE be listed as	e C re			
Busir	ness or Resid	ence Addr	ess (Numb	er and Stre	et, City, Si	ate, Zip C	ode)							
Name	e of Associa	ted Broker	or Dealer										-	
	s in Which P				ends to So	licit Purch	asers							C4-4
(Che	ck "All State [AK]	s" or check [AZ]	individua [AR]	l States) [CA]	[CO]	{CT}	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MŤ]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[٧٧ ٧]	[wi]	[[[[]	נראן		
Full l	Name (Last i	name first,	if individus	ıl)										
Busin	ness or Resid	lence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)				_			
					,	•								
Name	e of Associa	ted Broker	or Dealer											
44111														
Ctot-	s in Which F	Jamon 1 iero	d Una Cali	oited on In-	ands to Co	digit Durch	acarc							
	s in Which P ck "All State												□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] (MS)	[ID]		
[IL] [MT]	[IN]] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	įwvj	[wi]	[WY]	[PR]		
Full	Name (Last i	name fird	if individua	al)										•
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Busii	ness or Resid	ience Addr	ess (Numb	er and Stre	ei, City, Si	ate, Zip C	oue)							
				<u></u>										
Nam	e of Associa	ted Broker	or Dealer											
	s in Which F													C1-1-
(Che	ck "All State [AK]	s" or check [AZ]	c individua [AR]	I States) [CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	[HI]	[ID]		States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
(MT)	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
		Aggrega			Amount Already
	Type of Security	Offering P	ıce		Sold
	Debt	\$ 0		\$0	
	Equity	\$ 0		\$0	
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$ 0		\$0	
	Partnership Interests	\$0		\$0	
	Other (Specify:) LLC Membership Units	\$500,000.00		\$ 0	
	Total	\$500,000.00		\$0	
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollaramounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investor			Aggregate Dollar Amount of Purchases
	Accredited Investors	0		\$ 0	
	Non-accredited Investors	0		\$0	
	Total (for filings under Rule 504 only)			. \$0	
	Answer also in Appendix, Column 4 if filing under ULOE				
3	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering	Type of Security			Dollar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4,a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees.		Ø	\$10	,000.00
	Accounting Fees		Ø	\$5,0	00.00
	Engineering Fees			\$	
	Sales Commissions (Specify finder's fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		\square	\$15	,00,000,

ments To Others
,000.00
,000.00
,000.00
,000.00
signature
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

ŧ.	Is any party described in 17 CFR 230.262 present provisions of such rule?			Yes □	No ☑					
		See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	issuer has read this notification and knows the conorized person.	ntents to betrue and has duly caused this notice to be s	igned on its behalfby t	he undersign	ed duly					
		Signature	Date 7 - 3 - 0	 3 <i>⊊</i>						
_	elevard Partners, LLC ne (Print or Type)	Title (Print or Type)		- 0						
True (Finit of Type)										

Manager

E. STATE SIGNATURE

Instruction

Mark T. Sonnenberg

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

				A	PPENDIX				
ł	2	2	3			4			5
	non-acc invest Sta	o sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
				Number of Accredited	Number of Number of				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
co									
СТ	. <u> </u>								
DE									
DC								_	
FL									
GA									
ні									
ID									
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IA									
KS									
KY									,
LA									
ME									
MD									
MA									
MI									
MN									
MS									
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				Al	PPENDIX					
1		2	3			4			5	
	non-acc invest St	o sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	· ` ·	<u> </u>		Number of	(:	Number of				
				Accredited	Accredited Non-accredited					
State MT	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
NE								<u> </u>		
NV						<u> </u>			<u> </u>	
NH										
NJ										
NM	<u> </u>									
NY								<u> </u>		
NC										
ND									_	
ОН	!									
ОК	<u> </u>				<u>.</u>				-	
OR										
PA										
RI										
SC]				
SD										
TN										
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UT										
VT										
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WA										
WV										
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WY			-							
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